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MARRIAGES OF CONSANGUINITY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In your issue of July 14th, there appears an article from Dr. Bell, of New York, "On the effects of the consanguinity of parents upon the mental condition of the offspring." In this paper, Dr. Bell advances a very positive belief in the inaccuracy of the statistics in a report on "Influence of marriages of consanguinity upon offspring," which I presented to the American Medical Association in 1858, and brings some counter-statistics to prove their fallacy. To this I have not the slightest objection; in truth, no one will more promptly or cordially congratulate Dr. Bell upon his successful overthrow of error than the author of that report, provided he is able to show, by the accumulation of authenticated facts, that the statistics of that report are, as he regards them, "unreliable." Then, I do sincerely hope that he will continue his researches, and visit other villages; and since he objects to my statistics because he suspects the contributors to have been *marvel-hunters*—if I may use such a term—prejudiced men, whose testimony must be rejected because they are interested witnesses; or, men who would furnish "vague rumors" as facts, to be reported as such, to the National Association, of which body nineteen out of twenty of these contributors are members; —since Dr. Bell has taken upon himself these bold assumptions, it might be wiser policy in himself to search his own facts carefully to see if the taint of partizanship is not upon them.

But, Messrs. Editors, I do not write to you to attack Dr. Bell's statistics, nor have I a doubt of their correctness. I have in my possession several groups of cases as favorable to his opinions as those he adduces. Nor do I write for the purpose of defending my own statistics; they will be established or rejected just in proportion as they are found true or false, and their ultimate fate will not affect me, except that I should rejoice at the final decision of a great question whose truths I had earnestly labored to elicit. But I trouble you for a place in your pages simply to defend my co-laborers in this report, and myself, from imputations which we

cannot admit that Dr. Bell has the right to make, or is right in making. He seeks to discredit the statistics of my report by under-rating the characters of those who furnished them. He says: "All physicians are not philosophers, neither are all exempt from popular prejudices. I am not aware that they are less apt to be influenced by a previously-conceived prejudice than other persons; and many of them are prejudiced in regard to this matter. These would be just the ones who would be likely to reply to ***circulars like those of Dr. Bemiss.****** as they have a theory to sustain. Statistics collected by such would be little likely to present a fair average of cases. Besides, in those collected in the manner already spoken of, we have no guarantee that they were all personally known to the reporters; it is highly probable that many of them were collected from vague rumor alone." Then on a previous page the following sentence is found: "Dr. Bemiss has not overlooked the fact that his cases have a degree of uncertainty about them, for he remarks, 'it is natural for contributors to overlook many of the more fortunate results of family intermarriage, and furnish those followed by defective offspring or sterility.'" This is far from representing my true opinion, expressed in my report, as the following paragraph will show:

"The original statistics which appear in my report have been furnished exclusively by reputable physicians in the various States to

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* I think it likely that Dr. Bell meant to say—circulars upon such subjects as that presented by myself; but whatever he may have intended, his expression, italicized by myself, is so, direct an imputation upon the fairness of the means employed to collect these statistics, that I must beg of you to print my circular.

"*Louisville, Ky., July* 16, 1857.

"DEAR SIR,—May I solicit your co-operation in collecting material for a report I am to present to the next American Medical Association on the 'Influence of Marriages of Consanguinity upon Offspring?' I wish to make my report exclusively statistical, and if each of the medical gentlemen to whom I address calls for assistance, will contribute even a small amount of aid, I will be enabled to sum up results enough to justify very positive conclusions upon this subject.

"If instances of such marriages have occurred under your notice, will you oblige me by sending the results as carefully analyzed as your knowledge of circumstances will permit?

"The points of which I wish more especially to be informed, are:

"1. The degree of consanguinity of parties (whether first, second, third, or fourth cousins; or, as in rare instances, uncle and niece).

"2. The date (approximative) of marriage.

"3. The number, sex and *condition* of children born to each marriage.

"4. The number of children dead, cause of death, and age when known.

"5. The condition, temperament and occupation of parents, with any habits or circumstances calculated either to favor or retard the normal development of off-spring."

"I wish my report to be entirely unprejudiced; my only aim is *truth*, and I desire those instances of such marriages where no defective issue results, or which are sterile, as carefully sought out and reported as the opposite; and whenever the defects of off-spring may be reasonably referred to other causes than consanguinity, I wish the facts distinctly set forth.

"I am well aware that investigation in these cases is often foiled by the sensitiveness of parents upon the subject of kinship, but in such instances information as circumstantial and reliable may often be obtained from friends of the family.

"I trust, My Dear Sir, I will not be accused of making undue demands upon your time and patience in these requests. Such is my anxiety to furnish a comprehensive report, and one that will embody a great amount of new and valuable information, that I will await your answer with much solicitude, and cherish grateful recollections of all who consent to become my co-laborers.

"If your engagements should prevent your own participation in these inquiries, would you be so kind as to entrust them to an intelligent student, or any reliable person whom you may select?

"I wish to get in my statistics by the first of the ensuing year, so as to tabulate them, but would be gratified to hear from you at an earlier period. Very respectfully,

S. M. BEMISS.

"P. S.—Names of parties not desired, as all personal allusion will be avoided in my report."

which they are credited. The respectable sources from whence they are derived should stamp them as high authority, and I bear cheerful testimony to their accuracy and reliability, feeling satisfied that all future investigations in this field will bring additional evidence that they are faithful records of truths. But while endorsing the truthfulness of these statistics, it is my duty to state that those which relate to marriages of consanguinity should not probably be received as a completely true representation of the results of such marriages; some modification of the mean of results might occur if the statistics of *all* instances of in-and-in marrying, in the Union for example, could be comprised in one report. It is natural for contributors to overlook many of the more fortunate results of family intermarriage, and furnish those followed by defective offspring or sterility. The mere existence of either of these conditions would prompt inquiry, while the favorable cases might pass unnoticed. Contributors have been particularly requested to furnish, without prejudice or selection, all instances of marriages of consanguinity within their various circles of observation, whatever their results. I have reason to believe that in every instance they have complied with this request so far as it was practicable to do so. Consequently, I have no further cause for supposing that the mean of defects would be lessened, were it possible to include every case of marriage of kindred existing in the population which affords those on my tables, than the mere inference that some cases with favorable results may have passed unnoticed."

I have not the satisfaction of personally knowing Dr. Bell, or anything with regard to his position as a "philosopher," an unprejudiced man, or a reliable statistician; but however high it may be on either of those lists, I do seriously believe that the number among the contributors to my report who fall below him in either scale would be so small as not appreciably to invalidate their aggregate testimony. And I say this, without the slightest degree of disparagement to Dr. Bell, for I have time and again made the remark that my correspondence on this subject had given me an elevated opinion of the profession of this country.

But then Dr. Bell intimates that some of this information was derived from non-professional sources. Undoubtedly it was; in a number of instances the reporters informed me that members of the families had furnished them their facts. How did Dr. Bell obtain his statistics? Was he, in person proper, present at the birth or death of each one of the children of the twelve couples embraced in his collection of cases? If so, was it not as reasonable to infer that each one of my contributors had in like manner become cognizant of the facts he sent me? If Dr. Bell did not witness these events, but obtained accounts of them in a hearsay manner from members of the family, will he reject other testimony ferreted out by the same process?

I do not consider it proper to occupy your space by any discussion of the question itself, apart from its statistics. Unfortunately, these statistics are difficult to obtain, and will by many still be discredited until their continuous accumulation leaves no further

room for a doubt in the minds of intelligent critics. There is, however, one common-sense inquiry, whose solution would go far toward settling opinions as to the degree and character of influence marriages of consanguinity exert upon the offspring. What is the extent to which the characteristics of parents are imparted to their offspring? If we admit that parents have *mutual* share, however proportionate or small, in impressing upon their children their own peculiarities, dispositions and diatheses, we must also admit that when two members of the same family intermarry, the probabilities are that the type of constitution pervading the family would be more highly developed in the offspring. Excellencies of parental constitution and perfection of hygiene may in many instances, and it may be for generations, prevent visible deterioration; but if the practice be persisted in, ultimate perversions of constitution and disabilities of generative function will manifest themselves; and this condition being once established with the parents, we may expect to find all those eccentricities and abnormities among their issue which constitute the catalogue of defects to offspring in my report. I am persuaded that future investigation will confirm this opinion, and am gratified to find the spirit of research animating your correspondent from New York. I again express the hope that he will continue his investigations, and do now assure him that if I can facilitate them in any manner it will give me great pleasure to do so. Yours respectfully,

Louisville, Ky., July 28, 1859. S. M. Bemiss.

EMPHYSEMA OCCURRING DURING LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—On the 11th of August, 1858, at 8 or 9, P.M., I was called to see Mrs. B., who was said to be in labor at term.

She was a healthy-looking woman, 27 years old, good constitution, with usual *embonpoint*, and a primipara. I found her pains were feeble, with long intervals, and the os uteri but little dilated. As the labor was in its incipient stage, and progressing slowly, I retired to rest, leaving directions to call upon me if necessary. She continued much the same during the night. In the morning (12th), however, the uterine contractions rapidly grew stronger, the intervals shorter, the os yielding—the membranes soon burst, and by 7 o'clock the labor was going on in good earnest. Everything promised a speedy delivery, and the case went on as usual, with nothing uncommon till during the second stage of labor.

The head became firmly pressed against the perinæum at about 9½, A.M., and the efforts of the patient were tremendous. I repeatedly cautioned her to restrain her exertions, but she said she could not help it. Her pains became more frequent and powerful,

and notwithstanding the remonstrances of her husband and myself, she continued to exert herself to the utmost, producing such turgescence of the veins, and excessive lividity of the face, that I greatly feared some accident.

At about 12, M., my attention was called to a swollen condition of the patient's neck. On examination, the swelling was found to extend down from the neck, which was very large, over the upper half of the right mamma and under the right arm. There was crepitus under pressure, very audible to those standing near the patient; in short, there was emphysema of the cellular tissue of the neck and chest. Mrs. B. had felt no rupture, there was no cough nor expectoration. There was now some soreness of the chest, and much pain, like a stitch, on taking a deep inspiration, which was referred to a spot about four inches below the right clavicle.

The labor continued, the expulsive efforts increased, and so did the emphysema. It seemed that such a state of things could not be allowed to go on much longer, as the patient might get completely blown up. I thought of terminating the labor at once by forceps, and had the delay been much longer, I certainly should—not, however, on account of the increasing emphysema wholly, but partly because of the prolonged resistance of the perinæum; for I rarely or never wait for nature more than four hours after the head gets fairly jammed against this barrier, lest the child perish from syncope. But the advancement had begun to be more perceptible—it was soon rapid. A few more pains, and the child was delivered at about 1 o'clock, P.M. Another contraction expelled the placenta, and the labor was over, much to the joy of all. Then followed the usual amount of hæmorrhage. Aside from the soreness and pain about the chest, the patient was as comfortable as could be expected. The emphysema was now found to reach from the back and side of the head, down upon the right side of the body to the false ribs, and extended round from a little to the left of the sternum, nearly to the spine, involving almost the whole of the right chest, besides a part of the left, the neck and back of the head. The face was not affected. The air disappeared gradually from day to day, and in about a week it was mostly gone. Crepitus was last felt behind the right ear. A sore spot remained beneath the right clavicle for months afterward. Mrs. B. had never had pneumonia, pleurisy, nor any other disease of the chest. She has always enjoyed good health, and is free from any hereditary predisposition to tuberculosis. To use her own words, she said, "I never was sick in my life." It hardly seems probable, therefore, that there was adhesion of the lungs to the walls of the chest; yet, if there was rupture of the lung, without adhesion, it becomes difficult to account for this emphysematous condition of the areolar tissue of the head and chest. There was no evidence

of air within the pleural cavity, which there would have been in case of rupture, and no adhesion.

A case very similar to the foregoing is reported in the July number of the present volume of the *London Lancet*, by Dr. E. Bishop, on seeing which I was induced to submit this to your disposal. His patient was also a primipara—her efforts were violent—she felt "that something had given way in her chest," two inches *below the right clavicle*. The head rested upon the perinæum one and a quarter hours. The emphysema was mostly limited to the face and neck; it was followed with a painful cough, which was soon relieved by medicines. She had never had any chest affection. It was three weeks before crepitation entirely disappeared. Her general health was tolerably good, and I suppose she wholly recovered. CHARLES L. KNOWLTON.

Ashfield, Mass., August 1, 1859.

QUININE IN TYPHOID FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Journal for July 7th, "Oliver" takes occasion to dissent from the writer in regard to some suggestions upon the use of "Tonics," made in a previous article.

After making some comments upon the character of typhoid fever peculiar to "this section of the country," and enumerating some of the symptoms by which he would be, in a measure, influenced, he says, "If in this section of the country I should prescribe for a patient laboring under typhoid fever with the symptoms detailed above, or in addition to these were there delirium, subsultus tendinum and tympanitis, and there was no inflammation of a local character forbidding the treatment, I should most surely administer quinine in two or three grain doses, every two or three hours, combined with sufficient sulph. morphia to control the delirium, if there was any, and to produce an anodyne effect; and by the time twenty or thirty grains of the quinine were given, I should expect to find a softer and slower pulse, very moist condition of the skin, delirium, subsultus and tympanitis gone, and the patient so much better as to have the appearance of convalescing." Now if 20 or 30 grs. of quinine can be made to produce all these happy results (provided, of course, that these *appearances* are not deceptive), I will admit, without argument, that this course would be the simplest, cheapest and best one ever tried. But there is one fatal objection in my mind; viz., if the case under treatment happens to be a true case of typhoid fever (and not a case of *bilious remittent*), the treatment detailed by "Oliver" will fail, in direct proportion as the real characteristics of *typhoid* fever prevail.

If asked if I reject the use of quinine in typhoid fever altogether, I answer, no. I use it, more or less, in nearly all cases. The real point of difference is here. "Oliver" (and there are numerous "Olivers" in the West, as I have before intimated) thinks it necessary to continue the use of this "tonic" through the whole term of a typhoid fever; while in my experience I have found it better to administer it, if at all, about the third and fourth day after an attack, and this not so much with a view of arresting or modifying the *typhoid fever, as such*, but for another reason alluded to by "Oliver," when he said that "malaria" (or what is usually so denominated) modifies nearly all our cases of fever. And it is often impossible to tell, at the first appearance of febrile action here, whether the case will prove to be one of typhoid, or bilious remittent fever.

But I would not be understood to say that I only find use for tonics during the first three or four days of a typhoid fever. I say this:—According to my observation, all the benefit that can be derived from the use of quinine in a case of typhoid fever can be obtained, in most cases, during the first week; nor would seven days be required for this purpose alone. When I say during the first week, I do so, allowing a margin for the use of other measures which might be preliminary, or in some other way render the use of quinine inadmissible. I could not tell before-hand on what days or how much I would give.

But quinine is not the *only* tonic that can be used in fever. In the latter stages of typhoid fever, salicin, and sometimes some preparations of iron, act kindly, when quinine only aggravates both the pulse and tympanitis. It is not infrequent to see one or two doses of quinine act upon the bowels as promptly as a dose of aloes, after it has been freely administered during a case of typhoid fever; and this is *one* of the indications of its having been pushed far enough—or, in other words, of its *poisonous effect.*

I might here cite some cases, but for good reasons desist, appealing at the same time to the experience of physicians everywhere, who are in the habit of using much quinine, as to the correctness of my statements. The confidence manifested by "Oliver" in quinine goes far, I claim, to substantiate the position I took in the first place. But this may be said to be begging the question. Let us see. "Oliver" would give quinine as a febrifuge, "if there was no inflammation of a local character." But why does he say this? Is there danger in giving febrifuges where there is "*local*" inflammation? But again. It so happens that in *almost all* severe cases of typhoid fever here, there are complications of this kind during its course. Perhaps this state of things is more common here than in the East. I think that full nine tenths of the severe, well-marked cases of typhoid fever I have seen in this State, in the last four years, have shown unmistakable signs of pneumonia, to say nothing of the abdominal troubles which every one

knows are so constant. If local inflammation, then, is so common, which I think no one will deny, what becomes of "Oliver's" logic?

One other point I wish to refer to, and that is regarding the use of morphine. "Oliver" would "give sufficient morphine to *control the delirium* and produce an anodyne effect." If he should do this in all cases, I think he would give enough to control the struggling energies of nature, and to render further medication unnecessary. I would not object to a judicious use of opiates in typhoid fever; but their indiscriminate use for the purpose of "controlling" delirium, I believe to be worse than the free and indiscriminate use of quinine. Who does not know that in typhoid fever the nervous system, whatever may be the primary cause, suffers in such a manner as oft times to suspend many of its functions, even where there is ultimate recovery? And what physician has not some time been warned that the large doses of morphine which are necessary to produce sleep in these cases of extreme restlessness and delirium, can only be given at the hazard of procuring a never-ending sleep? I have seen a patient lie for five days and nights without one hour's quiet sleep, all ordinary means failing to accomplish anything in that direction, and yet one week later one fourth of a grain of opium would cause sleep, or one half grain of extract of hyoscyamus, or two grains of assafœtida.

But it is not my purpose now, more than before, to teach practice or attempt it; but believing, as I do, that the practice of medicine is yet more of an art than a science, anything that seems like a routine practice must be looked upon, to say the least, with distrust. And I will say now, as I said before, that it is only by careful observation that we can tell when quinine or any other drug has a really tonic effect. P. K. G.

Plainfield, Illinois, July 27, 1859.

EPILEPSY SUCCESSFULLY TREATED WITH STRYCHNIA AND NITRATE OF SILVER.

[Communicated for the Boston Medical and Surgical Journal.]

April 1st, 1859, was called to see Miss ——, a strong, plethoric girl of 15 years; had enjoyed perfect health until about the first of January last, when she commenced having what her mother called "nervous spells," which consisted in slight spasmodic movements of the muscles of the face and upper extremities. These attacks, at first, were so slight as to be scarcely noticeable, but gradually increased in severity until they amounted to fully-formed convulsive and comatose paroxysms. Patient has a brother, 22 years of age, who has been afflicted with epilepsy ever since the age of 14. The disease has already produced, in him, a state of

almost complete imbecility. Could discover no other reason for supposing the disease to be hereditary. Miss C. commenced menstruating when 13 years of age; has been perfectly "regular" ever since. Could discover no uterine derangement. Found some tenderness in the region of the dorsal vertebræ, but not at all marked. The convulsions came on without any regularity as to the duration of the intervals; patient sometimes having two attacks in a day, and then going over one day without having any. The convulsions lasted from five to ten minutes; face flushed, but no distortion of the features; pulse full and frequent. As the convulsions passed off, the muscles became *perfectly relaxed*, and patient fell into a profound slumber. When first called to the patient, I prescribed nitrate of silver and sulphate of zinc. This course was pursued for about ten days, without any apparent benefit arising from it. I then added ext. stramonium to my former prescription. This seemed, *at first*, to control the disease somewhat, but lost all its influence after the system became accustomed to it, although the dose was gradually increased. This course was pursued for about three weeks, when, becoming convinced that this would not answer the requirement of the case, I adopted the following prescription:—R. Ext. stramonii and ext. conii, aa gr. xv.; strychniæ, gr. ij.; argent. nitros., ℈ij. M. Fiat. pil. xxx. Of these pills I gave three a day. This course I pursued perseveringly, gradually increasing the amount of strychnia and nitrate of silver, until I found the disease perceptibly giving way. I now consider the disease cured, the patient having had only two convulsions during the last five weeks, and these being very slight, occurring in the night, while the patient was asleep.

S. N. Pierce, M.D.

Cedar Falls, Iowa, July 27th, 1859.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Protrusion of the Eyes in connection with Anæmia, Palpitation and Goitre. At a former meeting of the Society, July 12th, 1858, Dr. H. J. Bigelow exhibited a daguerreotype of a patient presenting the above symptoms; to which the attention of the Society had not been previously called. He read from a paper of Mr. W. W. Cooper, with the above title, published in the *Lancet* of May 26th, 1849, some account of this curious affection, then first noticed in detail, but afterward observed elsewhere. The cases there published were similar to the present one. The accompanying cut is a tolerable representation of the daguerreotype exhibited.

A young lady of 21 noticed a moderate enlargement of the thyroid gland in the spring of 1858. The prominence of her eyeballs had excited some remark six months before that date, but she did not herself

realize it unless when fatigued. She is uncertain which lesion preceded the other. These protuberant globes can be pressed back a little into the socket, but the interval of a second or two restores them to their position, that of partial exophthalmy, with a wild, staring look. The thyroid is moderately enlarged, vascular and pulsating, with an interrupted bruit, which could be made continuous by pressure. The cardiac pulsations are clean but augmented in force. The patient is of chlorotic and feeble habit. The hair already beginning to turn gray, a circumstance also noted in another patient seen by Dr. B.—that of a male of 25, in whom the exophthalmy supervened after typhoid fever. The latter patient has been much relieved by time, and by the tonic treatment recommended by Mr. Cooper. But the former patient has received little local advantage from six months' use of iron in various forms, with other invigorating measures.

The coincidence of the thyroid and ophthalmic lesions is curious: while the cause of the latter is not evident. Hypertrophy of the cellular tissue behind the eye: increased vascularity of the arteries, or of the venous circulation dilated by thyroid pressure, are among the solutions offered. But Dr. B. had not seen the exophthalmy in some cases of large goitre, nor in scirrhus of the thyroid, nor in tumors involving the anterior neck. On the contrary, it usually occurs in young subjects, with inconsiderable enlargement of the gland. A want of contractile energy in the recti muscles has also been suggested with some plausibility: fatigue increasing the protrusion for the time.

Dr. Williams remarked that he had seen cases of protrusion of the eyes within a year and a half, but not accompanied by this affection of the thyroid. In one, the symptom had passed off in a degree, but there were indications of heart affection. In another case, to which he alluded, there was palpitation of the heart. In one case, one eye alone protruded. In none of these cases was there any sign of tumor behind the eye, or of hydrophthalmia. In one, the symptoms evidently depended upon a partial paralysis of one or two of the muscles of the eye.

He further stated that other cases besides those observed in England had been reported on the Continent.

Dr. Ellis questioned whether a relaxation of the muscles about the eye, as suggested, would have this effect.

Dr. Cabot, on the other hand, alluded to the protrusion of the eye after the operation for strabismus, as confirmation of this theory.

With regard to the powers of motion in the eyes thus affected, Dr. Bigelow remarked, in reply to Dr. Jackson, that they were unimpaired.

June 13th. *Anæmic Exophthalmos.*—At the date of the present meeting, Dr. Morland reported the following case of this affection, together with a case which fell under the observation of Dr. S. R. Jones, of Bangor.

"Miss R. B., 55 years of age, a dressmaker, of excessively nervous and excitable temperament, and for nearly her whole life closely confined at her occupation, consulted me, three years since, in refer-

ence to the condition of her eyes. She presented, at that time, a striking specimen of *anæmic exophthalmos*. The eye-balls were so protruded that a very large portion of the sclerotic coat was visible; the motions of the globe were mainly preserved, though somewhat interfered with. Vision was unimpaired. The general health was greatly disturbed. The face was pale, the lips bluish. Dyspepsia and much general feebleness existed. There was extreme nervousness, with frequent muscular twitchings; the condition sometimes approaching that of chorea. There were palpitations of the heart, but not of marked intensity.

"The patient was seen only for a short time, and but once—she then residing at some distance from the city. In previous years, she had frequently consulted me for slight ailments—mostly those of a nervous and dyspeptic character. There was not, at this period, any appearance of the *bronchocele* subsequently noted.

"A tonic course was directed, together with respite from the continual labor, which, by its nature alone, was evidently injuring her. The diet was regulated: country air recommended, and every hygienic precaution inculcated. She was also at this time sent by me to Dr. Williams, who suggested nothing different.

"From the date above-mentioned, until June 21st, 1859, I lost sight of Miss B. On the latter day, Dr. John S. Flint, of Roxbury, desired me to see her in consultation: and the earliest possible hour was appointed, as Dr. F. considered her condition very critical. He had been attending her for a few days only, she having persisted in going out to work at her trade, until the last moment. She finally became completely exhausted, and was taken to a friend's house to receive proper care.

"I saw her on the afternoon of June 21st, about 4 o'clock. She was sitting propped up in bed, exceedingly emaciated; her nervous movements were painful to witness; the exophthalmos had become extreme, and gave her a wild, staring expression, truly frightful. Her vision had been good up to this day; nor had she had any pain in the eyes, throughout. Although for the few days that Dr. Flint had attended her, she had been so weak and uncomfortable that no examination of the chest had been attempted, a hasty one was now suggested, as she seemed stronger, in Dr. F.'s opinion, than on the previous day. On applying the ear over the back, the fine crepitant râle of pneumonia was distinctly heard over a space of about a hand's breadth, low down on the left side. There was some, but not urgent, dyspnœa, and only slight, infrequent cough. She had been very restless during the past twenty-four hours, but was now comparatively easy. A little nourishment had been taken.

"On auscultation over the cardiac region, the sounds of the heart were found to be feeble, yet possessing a certain sharpness; they were tumultuous at intervals, and heard over a wide extent of the thoracic walls—signs apparently indicative of dilatation with irritability. The pulse at the wrists corresponded in character with the action of the heart. Sensation and intelligence were perfect. The patient was much fatigued and excited by even our short examination.

"It was decided that she would soon die, even if not already in the moribund state. No change was thought advisable in the treatment, which, throughout Dr. Flint's attendance, had been most judiciously and perseveringly directed to the support of the patient's strength,

and the quieting of her nervous symptoms. The powers of life seemed to have broken down at once; and stimuli, together with what nourishment she could take, were constantly required.

"A visit was arranged for the next day, with Dr. Flint, but, on my arrival at his house, I learned that Miss B. died at an early hour in the morning. She had gradually failed; refused nourishment; was at times delirious, and became excessively restless; the dyspnœa was greatly aggravated, and death occurred, as stated.

"No *post-mortem* examination was obtained; but, at my request, Dr. Flint accompanied me to the house for the purpose of inspecting the neck, and ascertaining whether there was enlargement of the thyroid gland—one of the no less singular than constant accompaniments of this form of exophthalmos. There was very marked enlargement of the gland, by an even development on each side of the neck, together with noticeable protrusion in front. This enlargement had been remarked by one, only, of her friends during life. The patient had never drawn her physician's attention to it. She was, moreover, exceedingly sensitive in reference to the state of her eyes, and avoided allusion to them as much as possible. After death, the eyeballs were still protruding from between the lids; and it was impossible to bring the latter down to the corneæ. There was no unnatural firmness of the globes on pressure."

Dr. Morland remarked that he had related the case, not only on account of the rarity of the affection itself, but because it seemed important to record all those instances in which heart-disease and bronchocele are conjoined with it. It will be remembered that the patient early complained of palpitation; and this symptom had persisted, more or less. In consequence of the rapidity with which she sank, and the extreme debility attending her last illness, no precise knowledge of the heart's condition could be gained. The auscultatory signs have been mentioned.

The anæmic state of the patient was distinctly pronounced; and every influence which could increase it and aggravate her general ill-health, seems to have been brought to bear upon her constitution. The nature of her occupation necessarily induced irregularity in taking food, and she was, for the same reason, equally unable, as a rule, to select the most appropriate diet. Latterly, moreover, she had undertaken to live by herself, instead of in lodgings, or boarding with others; and the experiment seems to have proved unfavorable. Persons who live in this manner are prone to fall into habits of irregular, improper and insufficient eating; and the fatigue attendant on preparing their own food, is both an element leading to neglect in taking it, and, in addition to that incurred in their daily tasks, soon impairs even a good and sound constitution. There was thus, in Miss B.'s case, every circumstance to aggravate her condition.

Certain interesting items respecting the patient, some of which are here appended, were furnished by Dr. Flint, at Dr. M.'s request.

"He first saw her as her medical adviser in September, 1855. She was then in a very nervous, debilitated condition, and decidedly anæmic. Dr. F. thinks there was, at that time, a 'noticeable prominence of the eyes, which a stranger might readily believe to be their natural condition,' but her friends had begun to notice it as an abnormal state.

"In the summer of 1856, Dr. Flint was again consulted by Miss B. She was 'suffering simply from debility.' Six weeks' residence in

the country restored her so far as to enable her to attend to her business. In the following winter, the prominence of her eyes 'caused very general remark.' In the summer of 1857, 'her anæmic state obliged her to seek medical advice and change of air; attended as before with benefit and partial restoration.' In the spring of 1858, she was under Dr. Flint's care with pneumonia, and her convalescence was slow. She resumed her work in the summer, and continued it through the following winter. In the spring of 1859, 'she was again prostrated by an attack of debility, and after the lapse of a month was out as usual.'

"On the afternoon of Friday, the 17th of June, Dr. F. was called to see Miss B. on account of the attack of illness which proved her last. She was in a state of 'extreme prostration, with labored respiration, rapid pulse, and excessive nervousness.' She had no pain or fever. The other particulars of the case, at this period, have been already mentioned.

"The supervention of the anæmic condition Dr. Flint is inclined to date back, some months previous to his earliest knowledge of her as a patient: and its persistence has been noted. Palpitation and dyspnœa had been at times remarked, and these symptoms were especially noticed after exertion. The 'radial pulsation was uniformly feeble and rapid.' Dr. F. states, that he had never observed swelling of the veins of the neck, with pulsation, although on one or two occasions he had 'noticed their unusual prominence.'

"The character of the exophthalmos has been fully given. Dr. Flint speaks of it—when he first saw the patient—as 'an unusual appearance of both eyes, with a protrusion *directly forward*, which slowly but constantly increased to the day of her death.' One of her intimate friends said of her that 'she slept with her eyes wide open.'

"Dr. Flint thinks it possible that the bronchocele might have been detected, had any examination been made, some two or three years prior to her death. There is nothing, however, by which the date of its commencement can be fixed. If the above conjecture be correct, the period would be consonant with the first appearance of the ophthalmic affection.

"The remarks of Mr. Erichsen (*Science and Art of Surgery*, 1857) in reference to the 'connection between tumors of the thyroid gland,' of this kind, 'and a general anæmic condition of the system,' are quoted by Dr. Flint at the close of his notes of the case to me. Mr. E. says:—'In London, nothing is more common than to find a certain degree of bronchocele in pale or bloodless women and girls; indeed, so frequent is this coincidence, that it is almost impossible not to regard it in the light of cause and effect. Mr. W. Cooper has pointed out the fact that great prominence of the eye-balls is frequently associated with these conditions.'

"The *Lancet* (May 26th, 1849) has an account of cases of anæmic exophthalmos by W. White Cooper, Esq., F.R.C.S., which may be the paper referred to by Erichsen. My attention was called to these by the Secretary of the Society, at the time of reporting the case of Miss B., and before I was aware that the subject had been alluded to by Erichsen. Mr. Cooper's paper is entitled, 'On Protrusion of the Eyes, in Connection with Anæmia, Palpitation, and Goitre.' He states that the affection was first mentioned, under this form, by Sir

Henry Marsh; and adds that Drs. Graves, Stokes, Macdonnell* and Begbie† have since commented upon it.‡ All Mr. Cooper's patients, but one, were females. The catamenial function was disturbed in all, suppressed in two.§ Under tonics and regulation of the digestive system, with due hygienic precautions, complete recovery ensued in all but two; and 'considerable amendment' is reported of one of these, while the other is said to have had 'every prospect of recovery.' The periods of 18, 12, and 9 months are mentioned as the duration of the treatment in the completed cases.

"Mr. Cooper alludes to Mr. Dalrymple's explanation of the exophthalmic condition. Mr. D. has had several cases, and his theory is expressed as follows:—'The prominence of the eyes is probably due to the operation of two causes. An absence of the proper tonicity of the muscles by which the eyes are retained in their natural positions in the orbit; and some amount of venous congestion of the tissues forming the cushion behind the globes. Such congestions we know to be common in connection with a feeble condition of the circulating system; but in the cases seen by Mr. Dalrymple, as well as those in my own practice, the congestion seemed to be confined to the soft contents of the orbit, and not to extend to the eyeballs. That some of the muscles may be in a relaxed, and others in a morbidly excited condition, was well shown in one of the cases under the care of that gentleman, where the eyes, being greatly protruded, were nearly denuded of the protection of the upper lid by a constant and powerful spasm of the levator palpebræ superioris, which drew the lid so far upward and backward, that much of the sclerotic above the cornea was visible. This spasm of the levator of the lid is not uncommon in nervous and hysterical females, and is frequently associated with other irregular muscular actions, as in chorea. The expression given to the countenance by this protrusion of the globes, and the unnaturally elevated lid, is very peculiar, and the aspect is that of the wildest terror.' (*Loc. cit.*) Allusion has been made to the exaggerated movements of Miss B., resembling those of *chorea*, which affection is above alluded to by Mr. Cooper.

"Mackenzie, writing of anæmic exophthalmos, says that the only *post-mortem* examination recorded, is one by Sir Henry Marsh.‖ Dilatation of the heart, especially of the auricles, was extreme, and 'the right internal jugular vein was so much dilated, that, when emptied by puncture, it measured an inch and a half across.' In the case of Miss B. there was every evidence, from the physical signs, of dilatation of the heart to a great extent.

"In the Edinburgh Medical Journal for June, 1859, reference is made to the opinions of Græfe upon the exophthalmia observed in con-

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* "Observations on a peculiar form of Disease of the Heart, attended by Enlargement of the Thyroid Gland and Eyeballs." (*Dublin Journal of Medical Science*, Vol. XXVII., p. 200.)

† "*Edinburgh Monthly Journal*, February. 1849. Anæmia and its consequences—Enlargement of the Thyroid Gland and Eyeballs—Anæmia and Goitre—are they related?

‡ A paper by Mr. Syme, on Anæmic Exophthalmos, and which is referred to by Mackenzie, may be found in the *Monthly Journal of Medical Science*, Vol. X, p. 148, Edinburgh, 1850.

§ Mackenzie mentions that the majority of patients are females. Dr. Watson and other observers note this well-known fact with respect to goitre; and Dr. Copland remarks the nearly constant derangement of the menstrual or the uterine functions in goitrous patients.

‖ This was at the date of his last edition (1854). Græfe speaks of one by Proel; and as if others still had been made.

nection with struma and heart-complaint. Dr. Begbie is also cited in the same connection. It is Græfe's belief that simple increase and irregularity of the heart's action are more common in this affection than hypertrophy or valvular disease. He refers the exophthalmos to 'dilatation of the veins occurring during the palpitation,' and to subsequent effusion into the fatty tissue of the orbit. He mentions the disturbed digestion so frequently observed early in the affection, and alludes to the diminished sensibility of the cornea and to its being secondarily diseased. The latter fact he does not think due to 'insufficient protection' afforded by the eyelids, and in respect to the former he remarks that 'only in one case, by Proel, was there found a material cause in the brain—softening of the trigeminus.' Græfe found the disease to be more severe, on an average, in old men than in females: in them it was not connected with any particular diathesis. In 'medium cases,' he found iron beneficial—the pulse being moderate—but this was never the fact in instances of greater severity. Against the exophthalmia, he employed tincture of iodine externally, also 'careful compression, electricity to tone the muscles and the circulation, and even artificial union of the lids. (*Tarsoraphie.*)' (*Loc. cit.* from Græf's Archiv., Bd. 3., Abth. 2.; and *Prager Vtljschft.*, Bd. i. 1859.

"In the first number of the *Ophthalmic Hospital Reports and Journal of the Royal London Ophthalmic Hospital*, October, 1857, is an interesting and elaborate paper by Mr. Poland, on *Protrusion of the Eyeball.* The concluding case of this valuable communication is entitled '*Protrusion of the Eyes, associated with Enlargement of the Thyroid Gland.*' The patient was 'a young, delicate, unmarried woman,' about 21 years old. She had exophthalmos of two years duration, and it was increasing at the time Mr. Poland saw her. There was nothing unhealthy about the eyes themselves; 'she had enlarged thyroid gland.' Attention to the state of the catamenial function, 'mineral tonics, and the local application of iodine to the enlarged gland,' was the treatment. In six weeks some little benefit was observed to have resulted. A removal from a low and damp residence to one more dry and elevated was advised

"As Mr. Poland's views upon the causation of the affection are peculiar to him, so far as I am aware, and are entitled to great respect, it has been thought advisable to quote them. He says:—'Enlargement of the thyroid gland does not always cause a protrusion of the eyes, as may be seen, at any time, among the several out-patients in the metropolitan hospitals: but, that it does so at times, cannot be disputed; and we can readily understand the cause. The enlarged gland may cause pressure on the jugular veins, and thus retard the flow of the blood, which would produce cerebral congestion, were it not for the wise provision for the escape of blood from the cranial cavity. The ophthalmic vein is one of the most important ones, and should it have to perform this duty for a considerable length of time, it will, necessarily, become enlarged, and would, of course, tend to render the eyes prominent.' (*Loc. cit.*).

"Dr. Mackenzie speaks of the proximate cause of the protrusion of the eyeballs in anæmic subjects as 'unknown.' He adds: 'A varicose state of the ophthalmic veins may possibly be the cause. This conjecture is favored by the state of the veins of the neck in the case dissected by Sir H. Marsh, and by the fact mentioned by Mr.

Walton, of a patient who could close her eyes only after she had pressed upon them for some minutes with the palm of her hand. A serous effusion into the areolar tissue of the orbit, which is another conjectural cause of anæmic exophthalmos, could scarcely yield to such a degree of pressure, but a varicose dilatation of the veins behind the eyeball might readily do so. The motion of the eyeballs being in general so little affected; it does not appear likely that the cause is an effusion into the ocular capsule. Such an effusion, however, would explain the apparent enlargement of the eyes.'

"The fact of hereditary predisposition to this affection is also recorded by Mackenzie. In one of the patients to whom he refers, in this connection, there was, in addition to exophthalmos and bronchocele, enlargement of the uterus. Chalybeates, cod-liver oil, and frictions with iodine, had benefited the patient's general health and diminished the abnormal enlargement of the uterus.

"Some months since, Dr. Jones, of Bangor, Me., reported a case of bronchocele to the Society. The affection of the thyroid gland was *followed* by protrusion of the eyeballs; and this instance seemingly confirms the theory of Mr. Poland as to the cause of exophthalmos of the kind considered. In answer to a note of inquiry from me, Dr. Jones has given some details of the case, a summary of which is appended.

"The patient was a married woman, 41 years old, born in Massachusetts, and of healthy ancestry. She had been married nineteen years and had four children. Three miscarriages occurred after taking iodine for the bronchocele, and they are ascribed to the use of the remedy.

"Dr. Jones says: 'Her general health was good until the winter of 1850–1, when she first observed a slight swelling over the middle of the throat, not projecting much, but from one and a half to two inches in diameter. By the advice of a physician* she took iodine (in the form of its solution, or tincture) from May, 1851, for about three years, in gradually increased doses: so that at one period, of several months, she took twenty-one grains of iodine a day.

"'The tumor continued about as when first observed, until September, 1851, when she miscarried for the first time, immediately after which it rapidly increased, and in six months had attained its present size.

"'During the rapid increase of the tumor, she was much troubled by palpitations and irregular action of the heart (which occurred especially after, and were apparently induced by, taking the large doses of iodine), as also by a distressing and constant sense of suffocation—which she says "*was enough to make anybody's eyes stick out*"—and during this time the protrusion of the eyes became marked.

"'The iodine produced no perceptible change in the tumor, but caused irritability of the stomach, and atrophy of the mammæ.'

"The account goes on to mention certain items of treatment, as leeching, the topical use of cold water, electro-galvanism, &c., all of these producing 'no perceptible permanent effect.'

"Dr. Jones describes the tumor as now extending from 'a line connecting the tip of the ear with the junction of the posterior third of

* It should here be stated that the patient was not under Dr. Jones's care; he has very kindly taken pains to ascertain the particulars of her case, for my purposes.

the clavicle with its anterior two-thirds on one side, to a corresponding line on the other side; and from the top of the sternum and clavicles to the top of the thyroid cartilage.' Its thickness is apparently two inches or more; it is trilobed, its divisions corresponding with the carotids. A purring thrill exists over the left carotid, and there is a strong pulsation over the whole tumor, principally caused, in Dr. J.'s opinion, by the pulsation of the carotids, but not wholly due to that. A loud blowing sound is heard over the whole tumor.

"'A strong bellows-murmur follows the first sound of the heart—most marked at the base, where the normal sounds of the heart are indistinguishable. At the apex of the heart, both sounds are heard; but they are indistinct and prolonged or obscured. She has occasional palpitations.

"'The globes of the eyes are very prominent, and their axes slightly divergent. The lids of the left eye are more widely open than those of the right. The sight is good, but easily fatigued. Her general health is much improved since omitting the iodine. Menstruation is now regular, which was not the case during the last two years of iodic medication.'

"Dr. Jones adds: 'The effects of the iodine upon the system are not the least interesting part of her recital; and her suggestion of the suffocation as a cause of the exophthalmos, was at least amusing. Why do the eyes of a strangled person project—if, as is popularly believed, they do?'

"To this query it may be replied, that the turgidity of the blood-vessels of the head and neck, produced by the strangulating force, seems enough to cause the projection spoken of. Scientific as well as 'popular' observers recognize the fact. Chomel remarks (*Elements of General Pathology*), 'The volume of the eye appears increased in some inflammatory fevers, and particularly in cases where an obstacle exists to the flow of venous blood in the vessels of the neck, as in severe anginose affections and apoplexy by strangulation. * * *'

"Mr. Poland's opinion—previously referred to—that bronchocele causes prominence of the eyes, finds confirmation in the condition of these organs in *cretins*—who are almost universally affected with *goitre*—they have what Dr. Watson (*Principles and Practice of Physic*) aptly terms 'goggle eyes,' in addition to their various other deformities.

"In speaking of the treatment of bronchocele, Dr. Watson (*op. cit.*, Vol. I., pp. 810–11, 4th Edition, London, 1857) alludes to the 'very frequent occurrence' of slight enlargement of the thyroid in anæmic young women, accompanied, 'sometimes,' by undue prominence of the eyeballs. He advises attention to the constitutional disease rather than to the local ailment, and says that if the anæmia can be cured the bronchocele will disappear or be greatly diminished. Mr. Cooper's cases, and others, prove that the exophthalmos is equally amenable to similar treatment; and the direct connection of the local affections is thus all the more clearly established."*

* In addition to the cases and authors already cited, the careful *resumé* by Dr. Hays, of Philadelphia, in his edition of Lawrence on the Eye, should be referred to. Dr. H. mentions, together with many of those named, Walton (from whose work an excellent illustration representing an aggravated protrusion of the eyeball is given), and also Dr. Isaac E. Taylor, who reported two cases in the *New York Medical Times*, in December, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 11, 1859.

An Appeal in behalf of Servant Girls.—Every physician has frequent opportunities for observing the low standard of health among female domestics, a class which often composes the chief bulk of the young practitioner's clientelage. Apart from the acute affections with which they are, in common with the rest of mankind, afflicted, they are peculiarly liable to many chronic diseases, especially chlorosis, phthisis and dyspepsia. If we consider the influences to which they are subjected, our wonder will be, not that they are so often ill, but that any of them are often well. Of the four great essentials for health—fresh air, exercise, cleanliness and good food—the latter is the only one which they are tolerably sure of obtaining in abundance. As a general rule, girls who "live out" are rarely allowed more than one afternoon and one evening of liberty, and sometimes not so much. With these exceptions they do not perhaps go into the open air at all, unless on the inevitable Monday, when they are expected to hang out the clothes from the wash, often in cold and windy weather, leaving their work, to stand heated in the open air without protecting themselves by additional clothing, indeed generally with bare heads and arms, and the thinnest of shoes, no matter what the temperature be. Their sleeping apartments are commonly low, unventilated and small attic chambers, where two or three occupy one room, rendering the air utterly unfit for healthy respiration in a short time, and giving it that offensive odor and oppressive influence so familiar to the medical man. We have often been painfully struck with the air of desolation and discomfort in these wretched sleeping-places; terribly hot in summer and bitter cold in winter, even in the houses of the rich, contrasting so strongly with the luxurious accommodations of the family below. A fire-place is rarely to be seen, and there being no provision for a supply of fresh air, the same atmosphere must be breathed over and over again, until its proportions of oxygen and carbonic acid have almost become reversed.

Bathing privileges for servants are almost unheard of: but this is not surprising when we consider that even among their masters and mistresses a daily bath is by no means universal. Man is the only animal who does not instinctively keep himself clean. It is only by a process of reasoning, and when the beneficial results are demonstrated in the most undeniable manner, that we consent to do more than wash our faces and hands daily. Once the experiment tried, thank Heaven, the appreciation of the luxury of cleanliness is with most people strong enough to induce a continuance of the habit. We do not recommend that servants' apartments should always be fitted up with bath-rooms, though in some of our palatial mansions this would not be amiss, but a bath-tub is by no means indispensable for bathing. A towel wrung out in a basin of water may be used with excellent effect, and can always be had. Three minutes' exercise with this simple contrivance would do a world of good; nay, if

the wash-stand is interdicted in the garret, or if the neophyte be terrified at the touch of water, even a *dry polish* with a coarse towel is no bad substitute. We think housekeepers would wear a lighter conscience if they would earnestly recommend, enforce, if possible, this important duty, on the domestics under their roof, for whose physical, no less than their moral well-being they are in part responsible.

Daily exercise in the open air is as important for the health as daily food. Servant girls should be sent on errands, or, if there are no errands to be done, they should be sent out to walk, at least once daily: the longer the better, but fifteen minutes' brisk walking daily is better than none at all, and may be the means of saving many a poor girl from a premature grave, or what is worse, from years of hopeless invalidism.

It becomes us to enforce these matters on the attention of their employers, when we are called, as we so often are, to prescribe for female domestics who are suffering from the combined effects of want of fresh air, want of sunlight, want of exercise and want of cleanliness. There are many other wants which must be supplied before this class of humanity can enjoy the full measure of health which all have a right to, but we trust enough has been said to awaken some curiosity, at least, on a subject to which few pay attention, and we hope our brethren will take occasion to repeat these suggestions to those who have the power to remedy the abuses we have described.

New Amalgam for Plugging Teeth.—In the *Journal de Chimie Médicale* is the formula for an amalgam invented by M. Gersheine, which is thought to possess remarkable properties, both as to its softness when first made and its great hardness afterward, and also as to the facility with which it unites metals and even glass and porcelain. It is susceptible of a high polish, and is not acted on by the weak acids. Take 20, 30 or 36 parts (according to the hardness desired) of pure copper, obtained by precipitating it from the oxyde by means of hydrogen, or from the sulphate by means of zinc parings. Place the copper in a cast iron or porcelain mortar, and sprinkle it thoroughly with concentrated sulphuric acid (density of 1.85), and add 70 parts, by weight, of mercury, stirring continually. When the copper is completely amalgamated, the composition is to be washed with boiling water, to remove the sulphuric acid. It is then allowed to cool, and in ten or twelve hours it becomes sufficiently hard to receive a brilliant polish, and to scratch tin or gold. Its density remains the same, whether it be hard or soft. When it is to be employed as a mastic, it is rendered soft by heating it to about 675°, and then triturating it in an iron mortar, heated to 225°, until it acquires the consistency of wax. In this state, if placed between two clean metallic surfaces, it unites them so perfectly that ten or twelve hours afterward the pieces can be wrought as if solid.

Treatment of Chorea by Arsenic.—In a communication to this Journal, vol. lviii., page 77, by Dr. David Rice, the writer extols the virtues of arsenic, in the treatment of Chorea. A writer in the *Journal de Médecine, de Chirurgie et de Pharmacie de Bruxelles*, in January, 1859, confirms the efficacy of this treatment, as will be seen from the following quotation from his article: "Without pretending, with Dr. Rice, that the solution of the arsenite of potash can be ranked, in respect to its efficacy in chorea, with the sulphate of quinine in the treatment of intermittent fever, we will say that the medicine, in our opinion, is the one which cures this nervous disease in the most prompt and most certain

manner. In 1848, we published an article on the treatment of chorea by Fowler's solution; since then, we have remained faithful to this medicament, for which we have had occasion to congratulate ourselves in the numerous cases which have come under our observation up to the present time."

We would merely remark that the doses employed by Dr. Rice seem to us unnecessarily large. In children, eight or ten drops of Fowler's solution, three times a day, at the commencement of treatment, would be likely to cause unpleasant symptoms in some cases, and it would be safer to begin with a smaller quantity. We may add, that arsenic should always be given on a full stomach.

Cholera Infantum.—As will be seen from our report on the health of the city during the past week, this disease seems to be unusually severe the present season. At a meeting of the Society for Medical Improvement, on Monday evening, several cases were reported in which the suddenness of the attack, and the rapidity of the course of the disease, were remarkable. We notice that the disease is also very prevalent and very fatal in Providence, R. I., and Dr. Snow, Registrar of that city, very properly calls attention to the importance of sanitary measures during the present season. We may add that great pains should be taken to prevent children from being exposed to cold and damp without sufficient clothing, especially toward night. The absurd custom of dressing little girls in *hoops*, no doubt renders many children liable to the danger of cholera infantum, by exposing the lower extremities.

Dr. Calvin Ellis, of Boston, is announced as the successful competitor for one of the Boylston Prizes this year. His essay was upon the question—"Tubercle—its Pathology, and especially its relation to Inflammation." We shall look with anxiety for the publication of Dr. Ellis's dissertation, since it will without doubt present the most reliable views and information to be found upon the important subject to which it relates. His opportunities and his ability of improving them are well known; and his views will be a lasting and most valuable acquisition to the profession.

No premiums were awarded to the dissertations upon the other theme proposed, viz., "New and useful views upon any subject in medicine and surgery." The questions for 1860 and 1861 will be found in our advertising columns.

Health of the City.—The mortality for the past week was extremely large, and contrasts strongly with that of the corresponding period of last year (93 against 78). The principal fatal disease was cholera infantum, which numbers 21 victims. There were also 6 deaths from dysentery, and no doubt most of those represented as having died from "teething," *i. e.*, while teething, succumbed from bowel complaints. Of the whole number of deaths, 49 were of subjects under 5 years of age; 6 were between 5 and 20; 20 were between 20 and 40; 11 were between 40 and 60; and 7 were over 60. The number of females was 3 more than those of males. The total number of deaths for the corresponding week of 1858 was 78, of which 13 were from cholera infantum, 15 from consumption, 2 from pneumonia and 2 from dysentery.

Correction.—In our last number, page 22, line 16, for "an allusion," read *no allusion*.

Communications Received.—Compound Comminuted Fracture of the Arm.—Erysipelas, with a Case.—Electricity as a Remedy in Nervous Diseases.

Books and Pamphlets Received.—A Letter to Alexander H. Stevens, M.D., LL.D.—The Action of Medicines on the System. By Frederick Wm. Headland, M.D., &c. (From the Publishers.)—Physicians' Visiting list for 1860. (From the Publishers.)

Married,—At Harvard, 17th ult., Dr. E. A. Holman to Miss Susan C. Hearsey, both of H.

Died,—At Palmyra, N. Y., 15th ult., Dr. Alexander McIntire, 65, a native of Cummington, Mass.—At Spring Hill Rectory, Salisbury, Md., 29th ult., Dr. Wm. Bell White, formerly of Boston, 75.

Deaths in Boston for the week ending Saturday noon, August 6th, 93. Males, 45—Females, 48.—Accident, 1—congestion of the brain, 1—burned, 1—consumption, 13—convulsions, 1—cholera infantum, 21—cholera morbus, 1—dysentery, 6—diarrhœa, 1—dropsy, 4—dropsy in the head, 3—drowned, 1—debility, 2—infantile diseases, 4—scarlet fever, 4—typhoid fever, 1—intermittent fever, 1—disease of the heart, 2—hæmorrhage (rupture of bloodvessel), 1—jaundice, 1—intemperance, 1—disease of the knee, 1—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 1—premature birth, 1—smallpox, 2—teething, 7—thrush, 1—tumor (cancerous, in the breast), 1—unknown, 1—worms, 1.

Under 5 years, 49—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 7.